IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF TEXAS SAN ANTONIO DIVISION

ROBERT O. GONZALEZ, JR.,

Plaintiff,

V.

\$ C.A. No. 5:15-cv-00798-OLG

MASSACHUSETTS MUTUAL LIFE
INSURANCE COMPANY,

Defendant.

\$

DECLARATION OF JOHN J. SURMIK

- 1. My name is John J. Surmik. I am currently employed as a Life Claim Consultant for Massachusetts Mutual Life Insurance Company ("MassMutual"), which is the defendant in this action. By virtue of my employment with MassMutual, I have personal knowledge of the facts stated in this Declaration, and they are all true and correct.
- 2. Attached hereto as Exhibit A are true, correct, and authentic copies of excerpts from MassMutual's Contact History-Account Activity notes pertaining to Renewable Term Life Insurance Policy no. 23806612 (the "Policy"), which was issued on the life of Faleana Gonzalez (the "Proposed Insured").
- 3. Attached hereto as Exhibit B is a true, correct, and authentic copy of the email dated May 18, 2015 (with selected enclosures) from Christina Tuell of ICS Merrill to me regarding the records of Paul Falcon, D.D.S. pertaining to the Proposed Insured.
- 4. Attached hereto as Exhibit C is a true, correct, and authentic copy of the email dated May 22, 2015 (with selected enclosures) from Jessie McFayden of ICS Merrill to me regarding the records of Connally Memorial Medical Center pertaining to the Proposed Insured.

- 5. Attached hereto as Exhibit D is a true, correct, and authentic copy of the email dated May 29, 2015 (with selected enclosures) from Christina Tuell of ICS Merrill to me regarding the records of Dennis Krueger, PA-C pertaining to the Proposed Insured.
- 6. Attached hereto as Exhibit E is a true, correct, and authentic copy of the Underwriting Recommendation Memo dated July 16, 2015 from Robyn Wallner to me regarding the Policy.
- 7. Exhibit E was made at or near the time, or from information transmitted by, a person with knowledge of the information contained therein, was kept in the course of MassMutual's regularly conducted business activity, and was made as part of MassMutual's regular practice of its business activity.

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED on this day of April, 2016.

John Ksurmik

Contact History - Account Activity [2]

Account Activity

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Reque	stor	!	<u> </u>	Req Pho	ne Number	Req Agy	State	NIGO
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Other				Not Avail	able			
Comm	<u>ent</u>							
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Policy Number								

Poli	cy Number	Q BC	Insured Name			Event		
23806612 (VNTG1) FALEANA GON			ONZALEZ		<u>LCONTHOLD</u>			
Select	Status	Received	Completed	Source	Priority	Resource		Amount
	Completed	3/9/2015	5/5/2015	Phone	Low	John Surmik		\$0.00
Reques	stor			Req Pho	ne Number	Req Agy	State	NIGO
None	None			Not Available				
Comm	<u>ent</u>							

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Select	Status	Received	Completed	Source	Priority	Resource			Amount
	Completed	3/2/2015	3/9/2015	Internet	High	John Surmik			\$0.00
Reque	stor			Req Phone Number		Req Agy	State	NIGO	
Tanya	Day (Agent	Staff Assist)		Not Available					
Comment									
3/2/2	015 10:38	AM							

EXHIBIT

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Contract types involved: Life
All policy numbers found (including PALM): 23806612
Is this claim for an insured listed on a policy rider?: No
All policy numbers with LTC Access Rider:
Insured/deceased name: FALEANA L GONZALEZ
Caller relationship to deceased: Agent Assist
Does agent want to opt-in?: Yes
Agent email address: tanyadaye@financialguide.com
Insured/deceased date of birth: 1970
Insured/deceased social security number: -9807
Exact date of death: 2/28/2015
Insured/deceased cause of death: unknown
Was the deceased married?: Yes
Is the spouse of deceased still living?: Yes
Are you aware if the deceased was ever divorced?: No
Recipient of forms: Agent
Recipient mailing address (always required): 70 NE LOOP 410 STE 730
SAN ANTONIO, TX 78216-5843
Send claim forms via: Email
Email address: tanyadaye@financialguide.com
MFournier
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Policy Number		Insured Nam	sured Name		Event			
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Owner/	Owner/Investor			Not Available				
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Policy Number			Insured Name			Event			
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	Completed	3/3/2015	3/4/2015	Mail	Normal	Denise Lindo			\$0.00
Reques	stor			Req Pho	ne Number	Req Agy	State	NIGO	
None				Not Availa	able				
Comme	<u>ent</u>								
238066 Exact		PM death: 2/2	8/2015						
policy	Denise Lindo (mm21635), 3/4/2015 9:33:59 AM ET: policy incurred and pended dead. claim number: 15-01880. policy contestable. It has been tagged in VMQ. requested reinsurance amounts be sent to Diane Matras.								

Poli	cy Number	Q BC	Insured Name			Event	
238066	12 (VNTG1	1	FALEANA GO	NZALEZ		Formrovd	
Select	Status	Received	Completed	Source	Priority	Resource	Amount

Surmik, John

From: Sent: To: Christina Tuell <ctuell@icsmerrill.com> Monday, May 18, 2015 3:44 PM

Monday, May 18, : Surmik, John

Subject: Attachments: Gonzalez, Faleana, 23806612 201505181326.pdf; 201505661.doc

John,

Please see the latest report and attachment on the above listed case attached.

Thanks, Christina

Christina Tuell

SAM Administrative Asst. ICS Merrill EMSI Investigative Services Division 9485 Regency Square Blvd, Suite 400 Jacksonville, FL 32225

P: 888.932.7364 D: 904.562.1541 F: 800.894.5228 ctuell@icsmertill.com

Informed decisions. Improving lives.

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EXHIBIT B



CONFIDENTIAL INVESTIGATIVE REPORT Monday, May 18, 2015

John Surmik	YOUR FILE NO.	23806612
Mass Mutual Financial Group	OTHER FILE NO.	Not Provided
(Life Claims)	OUR FILE NO.	201505-661
1295 State Street	INSURED	Not Provided
F205 Springfield, MA 01111	SUBJECT/CLAIMANT	Faleana L Gonzalez
Springileid, MA 01111	SSN	xxx-xx-9807
	DATE OF BIRTH	1970
All Market Control of the Control of	ASSIGNMENT OPEN	5/6/2015
TYPE OF CLAIM	Death Claim	
TYPE OF INJURY	unknown natural causes	
DATE OF INJURY/DEATH	3/1/2015	
INVESTIGATOR	Bob Heaney	
DATES OF INVESTIGATION	5/18/2015	

	2 2 44124
STATUS OF REPORT	PARTIAL
DATE OF NEXT REPORT	6/1/2015

INVESTIGATIVE SUMMARY

SOURCE	STATUS	REFERENCE
Humana	Pending	
Cliff Koehler, DC	Pending	
Tammy Murdock, MD	Pending	
Dennis Krueger, LPT	Pending	
Paul Falcon, DDS	Complete	Enclosed
Gary Diekhoff, PT	Complete	Report of 5/14/2015
Connally Memorial Hospital	Pending	Control in the proposal state of the control of the
North Central Baptist Hospital	Pending	

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Sources Andrews

CLAIMS HISTORY

HUMANA PO BOX 14635 LEXINGTON, KY 40512 800-833-6917 5/8/2015

After contacting several departments, it was confirmed that the insured had individual coverage. Assistance was obtained from Brittany in individual claims and she said she would print and mail claims history, estimating it would take 7-14 business days.

MEDICAL

CLIFF R. KOEHLER, DC 4040 SW MILITARY TRAIL SAN ANTONIO, TX 78211 210-923-3861 5/8/2015

Dr. Koehler confirmed the insured was seen in his practice between 2006 and 2014. This would include visits with Dr. Tanya Flores, the other chiropractor in his office. The office is in the process of being renovated, so it may take a week or two to provide records. A request was submitted and follow up will be made.

TAMMY MURDOCK, MD NORTHEAST OB/GYN 8715 VILLAGE DRIVE SAN ANTONIO, TX 78217 210-650-9978 5/11/2015

This group no longer has the office where Dr. Murdock practiced, but a check of records confirmed they do have records between 2009 and 2015. A request was faxed; there is no estimated completion date.

DENNIS KRUEGER, LPT ALAMO CITY MEDICAL GROUP 2235 THOUSAND OAKS DRIVE SAN ANTONIO, TX 78232 210-490-1000 5/11/2015

It was learned that the group changed last year and Dennis Krueger is no longer with them. They do have the insured's records and a request has been submitted. There is no estimated turnaround time.

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PAGE: 3

PAUL FALCON, DDS 1926 PLEASONTON ROAD SAN ANTONIO, TX 78221 210-924-1811 5/18/2015

Records have been received; see ATTACHMENT A.

CONNALLY MEMORIAL HOSPITAL 499 10th STREET FLORESVILLE, TX 78114 830-393-1300 5/11/2-15

Medical records have been requested. No estimated completion date is available.

NORTH CENTRAL BAPTIST HOSPITAL C/O BAPTIST HEALTH SYSTEM 3333 RESEARCH PLAZA SAN ANTONIO, TX 78235 210-297-4000 5/11/2015

Baptist Health System's locations use Healthport through a central medical records facility. A request has been submitted; no anticipated completion date is available.

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	res No Pondimen (reniti Yes No Redux (Dexientlu	(amine)
	a medicai exem for heari issues? dverse) reaction to any medication or substance	2-wareful was margaretinas and with the CNO
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Artificial Heart Valve* Heart Pacemaker Bhouriatic Fever	. Yes No Teluberculosis Yes	No. Sickle Gell Disease
Artholis/Aheumalism /	Yes I No Hay Fever Thinks William Yes	No Liver Ulsease Yes No Yes No Yes No Yes
Contisone Medicine :: Swoligh Ankles :: Slroke Labourgan ::	Yes No Alergies of Hives Yes	No Neurological Disorders Yes No Yes No Yes No
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Kidney I/oubles	; ±Ves = No / Tumors	Yes No.
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11 Women: Are you. Pregnant?	Yes, Months: (No Nursing? /Ye	No Taking birth control pills? Yes No
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Address 50.2 Mith Fort on K. Oly S. 1875 Address 40.2 Mith Forthy year 2. Have you taken any medication or drugs during the past type year. 3. Are you taking any medication; drugs, or pills how, including regul	an-101+1110 State	14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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5. Are you aware of having an allergic (of adverse) reaction to any	medication or substance?	munica anti-antiquency in Yes (NO)
U yes, please list: 6. Have you been a patient in the mospital during the past tive yeats	Parisida announce on proprieta de la constanta	
7. Indicate which of the following you have had, or have at present. Heart (Surgery Disease, Atlach)	Circle 'yes' or 'no' to cach llem'	alius A (inlectious) B (serum). Yes (No.
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Surmik, John

From: Sent: Jessle McFayden <jMcFayden@icsmerrill.com>

Friday, May 22, 2015 3:28 PM

To: Subject: Surmik, John Gonzalez, Faleana, 23806612

Attachments:

201505661.doc; Gonzalez-Connally.pdf

Dear John Surmik,

Please find attached report and enclosure.

If you have any questions please contact the case manager that handles your file.

Have a great day,

Jessie Mcfayden

Production Support Specialist - Invoicing ICS Merrill
EMSI Investigative Services Division
P: 888.932.7364 (Toll Free)
F: 888.746.7755
iperry@icsmerrill.com
assignments@icsmerrill.com
icsmerrill.com

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As of February 17th, 2014, ICS Merrill has gone paperless. All reports, videos and other media will be sent to customers electronically. To continue receiving paper copies of any reports or investigation results, please contact your local sales representative or email us at info@icsmerrill.com.

EXHIBIT______



CONFIDENTIAL INVESTIGATIVE REPORT Friday, May 22, 2015

John Surmik	YOUR FILE NO	23806612
Mass Mutual Financial Group (Life	OTHER FILE NO.	Not Provided
Claims)	OUR FILE NO.	201505-661.1
1295 State Street	INSURED	Not Provided
F205 Springfield, MA 01111	SUBJECT/CLAIMANT	Faleana L Gonzalez
Springheid, MA 01111	SSN	xxx-xx-9807
	DATE OF BIRTH	1970
	ASSIGNMENT OPEN	5/6/2015
TYPE OF CLAIM	Death Claim	the standard of the standard o
TYPE OF INJURY	unknown natural causes	
DATE OF INJURY/DEATH	3/1/2015	a read transmission from the first first first from the first first from the first first from the first first first from the first f
INVESTIGATOR	Bob Heaney	- fr
DATES OF INVESTIGATION	5/20/2015-5/22/2015	

STATUS OF REPORT	PARTIAL
DATE OF NEXT REPORT	6/5/2015

INVESTIGATIVE SUMMARY

SOURCE	STATUS	REFERENCE
Humana	Complete	Report of 5/19/2015
Cliff Koehler, DC	Pending	
Tammy Murdock, MD	Pending	
Dennis Krueger, LPT	Pending	
Paul Falcon, DDS	Complete	Report of 5/18/2015
Gary Diekhoff, PT	Complete	Report of 5/14/2015
Connally Memorial Hospital	Complete	Enclosed – Medical Records
North Central Baptist Hospital	Pending	
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MEDICAL

CLIFF R. KOEHLER, DC 4040 SW MILITARY TRAIL SAN ANTONIO, TX 78211 210-923-3861 5/21/2015

Wendy, who handles records for Dr. Koehler, has been out of the office and is slowly catching up with requests. On 5/21/2015 she confirmed that she had the request and hoped to respond within the next week.

TAMMY MURDOCK, MD NORTHEAST OB/GYN 8715 VILLAGE DRIVE SAN ANTONIO, TX 78217 210-650-9978 5/21/2015, 5/22/2015

Sara in Medical Records stated that the release of records will need approval, as Dr. Murdock and the location she practiced at are no longer part of the group. She will call for prepayment as soon as she receives approval to release records.

DENNIS KRUEGER, PA-C ALAMO CITY MEDICAL GROUP C/O PARTNERS IN PRIMARY CARE 2235 THOUSAND OAKS DRIVE SAN ANTONIO, TX 78232 210-490-1000 5/21/2015, 5/22/2015

The medical records are now under the control of Partners in Primay Care and they use Healthport for copy services. It was necessary to fax a new request, to be handled by Healthport. There is no estimated turnaround time.

CONNALLY MEMORIAL HOSPITAL 499 10th STREET FLORESVILLE, TX 78114 830-393-1300 5/21/2015

Medical records have been obtained; see ATTACHMENT A.

NORTH CENTRAL BAPTIST HOSPITAL

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PAGE: 3

C/O BAPTIST HEALTH SYSTEM 3333 RESEARCH PLAZA SAN ANTONIO, TX 78235 210-297-4000 5/21/2015

Baptist Health System's locations use Healthport through a central medical records facility. The request is pending; no anticipated completion date is available.

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her to happital Town	found At to be	ectbord d	not to Stretcher
and Then Wit 50 - Fam	mile winter u	0, 5/L OH	And what up,
I- SR Told her we he	ad a BOUF +	to hade a	· unwitnessed
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and hook HUSBARD STORTE	d CTK and	e wours	1) Jananas
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Supplies used/on all calls)	2-mino offices	yrus more	of Car and
of and way, and an	no Transport	TOUTT	BUIN ENK
AND AND ZUET PRESEDE	Th Tallectory	US ANGL	ALVANIA BANGE
La Manalli through	CHARLE LA MI G	My 11:W	MAKIGERE.
TO COMMINY WAS THE			
I have been informed of the risk of not seeking	medical treatment regard	ing my situation.	Being informed of such
risk I have refused treatment by the LVVAS to	transport me to a medical	hospital.	:
Signature:	Time:	am pm	
Patient and/or Responsible Party refused to sign	ign this refusal statement. I	Date:/	_/ ·
Signature of Attendant making offer:	Time:	am /itness:	ı pm
Additional and the control of the co			

931410 -	Medical Records		15:48:02 · 05-21-2015	31 /
	*	• •	• •	
		•		
		•		
				*
.	CONNICEY	Patient Name;	······································	
.*	MEMORIAL	Date:		
	MESCAL CONTER			
		atient Questionnaire	- A	
	1. Do you have heart disease?		Yes ar No	•
	2. Do you have renal or kidney disease?		Yes of No	
	If yes, current BUN/creatinine (within 30	days) is required!	~	
	3. Do you have multiple myeloma?		Yes or (No	
	If yes, NO CONTRAST w/o nephrologis	t written muinorization:	Trid and in	
	4. Do you have seizures? 5. Do you have pheochromocytoma (tumor)	In adequal alauda 10	(Yes) or No. Yes or No.)	
	6. Do you have asthma?	ur ametrar Brature)t	Yes or No	
	7. Do you have disbetes		Yes or Nox	
	8. Are you allergic to latex products?		Yes or (No	
	9. Are you allergic to any type(s) of food?		Yes or No	
	If you have food allergies, what types of	food2-		
		8		
			Yes or No)	
	10. Are you allergic to any medications?	_tn		
	If you are allergic to medication(s), which	en type?	,	
	<u> </u>			
	11. If you routinely take over-the-counter n	•		
	Vitamins			
	12. If you currently take prescribed medical	tions, please list.	_	•
			Yes or No	
	 Have you ever had X-Ray dye or control If you have had X-Ray dye, did you have 	ist injected?	Yes of No	
	If YES, what type of reaction did you ha		163 OC NO	
•	Anaphylaxis	nact		
	☐ Fever		•	
	□ Hives	•		
	O Nausea O Rash			
	☐ Rash and Fever			
	15. Did you eat or drink anything today?		Yes or No	
	If you ate or drank anything today, wha	t and what time?	_	
			-	
	FEMALES: Is there a possibility that you	could be pregnant?	Yes o No	
	FEMALES: What was the date of your last	t menstrual period?	. 43	
	to the	1. 0	•	
Pati	ent/Guardian Signature: Min Gene	January Date:		
_	stionnaire reviewed with Patient by:	Date:	0/30/13	
Que	torial Medical Center Form #	DICTIVP Stat: DRAS p #: 1 w t	HITT I TOTA STATE THAT HAT HAT HE	
Que		Date: 09/09 no #: 1 cl 1	HARAGII SAKULUHI MIRITA	
Que	Pag	i		
Que	Pag	V00000165332		3
Que	CT iVP Patient	V00000165332	M00131854	3
Que	Pag	V00000165332	M00131854	3

Surmik, John

From:

Christina Tuell <ctuell@lcsmerrill.com> Friday, May 29, 2015 7:58 AM

Sent:

To:

Surmik, John

Subject:

Gonzalez, Faleana, 23806612

Attachments:

Gonzalez-KruegerConcentra.pdf; 201505661.doc

John,

Please see the latest report and attachment on the above listed case attached. Thanks, Christina .

Christina Tuell

SAM Administrative Asst. ICS Merrill EMSI Investigative Services Division 9485 Regency Square Blvd, Suite 400 Jacksonville, FL 32225

P: 888.932.7364 D: 904.562.1541 F: 800.894.5228 ctuell@icsmerrill.com

Informed decisions. Improving lives.

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EXHIBIT



CONFIDENTIAL INVESTIGATIVE REPORT Tuesday, May 26, 2015

John Surmik	YOUR FILE NO.	23806612
Mass Mutual Financial Group	OTHER FILE NO.	Not Provided
(Life Claims)	OUR FILE NO.	201505-661
1295 State Street	INSURED	Not Provided
F205 Springfield, MA 01111	SUBJECT/CLAIMANT	Faleana L Gonzalez
Opinigheia, MA 01111	SSN	xxx-xx-9807
	DATE OF BIRTH	1970
	ASSIGNMENT OPEN	5/6/2015
TYPE OF CLAIM	Death Claim	
TYPE OF INJURY	unknown natural causes	
DATE OF INJURY/DEATH	3/1/2015	
INVESTIGATOR.	Bob Heaney	
	5/26/2015	

STATUS OF REPORT	PARTIAL	ĺ
DATE OF NEXT REPORT	 6/8/2015	

INVESTIGATIVE SUMMARY

SÖURCE	STATUS	REFERENCE	<u>.</u>
Humana	Complete	Report of 5/19/2015	
Cliff Koehler, DC	Pending		
Tammy Murdock, MD	Complete	Report of 5/23/2015	
Dennis Krueger, PA-C	Complete	Enclosed	
Paul Falcon, DDS	Complete	Report of 5/18/2015	
Gary Diekhoff, PT	Complete	Report of 5/14/2015	
Connally Memorial Hospital	Complete	Report of 5/22/2015	
North Central Baptist Hospital	Pending		
Abril committees in equilibried and committee desirements in the committee of the committee			

IC\$ Merrill

9485 Regency Square Blvd. • Suite 400 • Jacksonville, FL 32225 888.932.7364 • Fax 888.746,7755 SOURCES

MEDICAL

CLIFF R. KOEHLER, DC 4040 SW MILITARY TRAIL SAN ANTONIO, TX 78211 210-923-3861 5/21/2015

Wendy, who handles records for Dr. Koehler, has been out of the office and is slowly catching up with requests. On 5/21/2015 she confirmed that she had the request and hoped to respond within the next week.

DENNIS KRUEGER, PA-C ALAMO CITY MEDICAL GROUP C/O PARTNERS IN PRIMARY CARE 2235 THOUSAND OAKS DRIVE SAN ANTONIO, TX 78232 210-490-1000 5/26/2015, 5/22/2015

Records have been obtained, see ATTACHMENT A.

NORTH CENTRAL BAPTIST HOSPITAL C/O BAPTIST HEALTH SYSTEM 3333 RESEARCH PLAZA SAN ANTONIO, TX 78235 210-297-4000 5/21/2015

Baptist Health System's locations use Healthport through a central medical records facility. The request is pending; no anticipated completion date is available.

ICS Merrill

9485 Regency Square Bivd. · Suite 400 · Jacksonville, FL 32225 888.932.7364 · Fax 888.746.7755 [Chart][Faleana Gonzalez][472790]

[5/18/2015][Page 1 of 4]

Progress Note .

Patient Name: Patient ID:

Sex:

Birthdate:

Faleana Gonzalez 472790

Female

Visit Date:

April 15, 2014

Provider: Location: Beverly S. Gutierrez, MD La Vernia

Location Address:

14114 US Hwy 87 West

Suite 2 La Vernia, TX 78121-5881

Location Phone: (830) 779-5900

Chief Complaint

-) anticonvulsion
-) Med refill

History Of Present Illness

The patient is a 43 year old Other Race, Hispanic or Latino female who presents today for needs a med refill on a medication for anticonvulsions called tegretol 200mg. She had received RX from Dr. Fredricks in medical center area whom she last saw about 17 years ago. She would get Rx in Mexico and had a few years supply. Was Dx with mild epilepsy. Has about 2 tablets left and would Rx before starts to have the trimmers, that has been present for years. Symptoms are mild and non productive in nature and are associated with none at this time. It is aggrevated by no meds and resolved with meds.

No f/u w/ neuro in a very long time.

She takes her tegretol on an inconsistent basis - No recent slezure.

?? motor tics / chorea. "abn movements" per pt

Past Medical History

Disease Name * Reviewed Nothing Changed back trouble Cervicothoracic strain Constipation Lumbar Sprain/Strain Microscopic hematuria Motor vehicle traffic accident involving collision with other vehicle inturing driver of motor vehicle others	Date Onset 	Notes 04/15/2014 - et 11/08/2013 - ATT 11/08/2013 - ATT
other vehicle injuring driver of motor vehicle other than motorcycle	- 1, 00, 2022	

Past Surgical History

Procedure Name	Date	Notes
* Reviewed Nothing Changed		04/15/2014 - et
*NO PERTINENT PAST SURGICAL HISTORY	-	11/08/2013 - ATT

Medication List

Name		Date Started	Instructions	•
hydrocodone-acetaminophen Oral tablet 5-325	mg		take 1 tablet by oral route every 4-6 hours as needed for pain	
ibuprofen Oral tablet 600 mg		11/08/2013	take 1 tablet (600 mg) by oral route every 6 hours as needed with food	
Tegretol oral tablet 200 mg			take 1 tablet (200 mg) by oral route every 12 hours	
tizanidine Oral tablet 4 mg		12/02/2013	take 1 tablet (4 mg) by oral route every 8 hours as	

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[Chart][Falcana Gonzalez][472790]

[5/18/2015][Page 2 of 4]

needed not to exceed 3 doses in 24 hours

Allergy List

Allergen Name
* Reviewed Nothing Changed
NO KNOWN DRUG ALLERGIES

Date

Reaction

Notes 04/15/2014 - et 12-02-13 RU

Family Medical History

Disease Name
* Reviewed Nothing Changed

Cancer Diabetes

Heart Attack

Leukemia

Relative/Age Notes 04/15/14 et

Grandmother

breast. 11/08/2013 - ATT

(maternal)/

11/08/2013 - ATT 11/08/2013 - ATT

, Grandfather (paternal)/

Grandfather (paternal)/

11/08/2013 - ATT

Grandfather (paternal)/

Reproductive History

Menstrual

Age Menarche: 13

Last Menstrual Period: 09/01/2010

Method of Birth Control: IUD

Pregnancy Summary

Total Pregnancies: 3 Ab Induced: 0 Multiples: 0

Full Term: 0

Ab Spontaneous: 0 Living: 0

Premature: 0

Social History

Finding	Status	Start/Stop	Quantity	Notes
Alcohol	Never	/		04/15/2014 - et
Substance Use	Never	/		04/15/2014 - et
Tobacco	Never	!		04/15/2014 - et
		•		,,,,

Review of Systems

Neurologic

Denies: muscular weakness, incoordination, difficulty concentrating, memory difficulties, speech difficulties, developmental delay, speech delay

Musculoskeletal

» Denies: Joint pain, joint swelling, muscle pain, limitation of motion

<u>Vitals</u>

												BMI	
Date	Time	BP	Position	Site	L\R	Cuff Size	HR	RR	TEMP(°F)	WT	HT	kg/m²	BSA m ² O2 Sat HC
04/15/2014	03:22 PM	110/66	Sitting				72 - R	18	97.3	120lbs 0oz	5' 5"	19.97	1.58

Physical Examination

Constitutional

- Appearance : well-nourished, well developed, alert, in no acute distress Head and Face
- - . Head:
 - e Inspection: atraumatic, normocephalic
 - > Face :

[Page 82 of 89]

[Chart][Faleana Gonzalez][472790] [5/18/2015][Page 3 of 4] € Inspection : no facial lesions Vision : € Aculty: visual aculty grossly normal at distance O.U., near vision grossly intact O.U. Conjunctivae : conjunctivae normal Sclerae : sclerae white . Eyelids/Ocular Adnexae : eyelid appearance normal Ears, Nose, Mouth and Throat > Ears: € External Ears : appearance within normal limits € Hearing :.intact to conversational voice both ears . Nose: € External Nose : appearance normal Oral Cavity : c Oral Mucosa : oral mucosa normal € Lips : lip appearance normal € Teeth : normal dentition for age Inspection/Palpation: normal appearance, no masses, trachea midline Range of Motion : range of motion within normal limits Respiratory » Respiratory Effort : breathing unlabored Auscultation of Lungs : normal breath sounds Cardiovascular Heart: € Auscultation of Heart : regular rate, normal rhythm, no murmurs present Lymphatic » Neck : no lymphadenopathy present Skin and Subcutaneous Tissue General Inspection: no rashes present, no lesions present, no areas of discoloration
 Digits and Nails: no clubbing, cyanosis, deformities or edema present, normal appearing nails Neurologic » Mental Status Examination : € Orientation : grossly oriented . Gait and Station : normal gait, able to stand without difficulty **Psychiatric** > Judgement and Insight: judgment intact, insight intact > Mood and Affect : mood normal, affect appropriate **Assessment** Epilepsy, unspecified / seizure disorder, NOS 345.90) Encounter for other and unspecified procedures and aftercare; other specified procedures and aftercare; encounter for therapeutic drug monitoring V58.83 <u>Plan</u> Complete CBC W/Automated Differential WBC (85025) - 345.90, V58.83 - 04/22/2014
Comprehensive metabolic panel (80053) - 345.90, V58.83 - 04/22/2014
Lipid Panel (80061) - 345.90, V58.83 - 04/22/2014
TSH, 3RD generation (84443) - 345.90, V58.83 - 04/22/2014
Vitamin D, 25 Hydroxy (82306) - 345.90, V58.83 - 04/22/2014
Carbamazepine (Tegretol) (80155) - 345.90, V58.83 - 04/22/2014
*Prescription(s) generated and transmitted via a qualified eRX (G8553) - 345.90, V58.83 - 04/15/2014
Neurology Consultation - 345.90, V58.83 - 04/15/2014
Ophthalmology - 345.90, V58.83 - 04/15/2014
cations Medications . Tegretol oral tablet 200 mg SIG: take 1 tablet by oral route daily

[Page 83 of 89]

MM 0716

[Chart][Faleana Gonzalez][472790]

[5/18/2015][Page 4 of 4]

DISP: (30) tablet with 1 refills Prescribed on 04/15/2014

- Instructions ...
 Increase fluids
- Take medications as directed

 Keep scheduled F/U appointments

Disposition

- Call or Return if symptoms worsen or persist.
 Return Visit Request in/on 2 weeks +/- 2 days (78564).

Electronically Signed by: Dennis R. Krueger, PA-C -Author on April 15, 2014 04:04:01 PM

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Underwriting Recommendation Memo

······································							
TO: Robyn Waliner	Ext. 48629 MIP:						
(Underwriter)							
From: John J. Surmik, ALHC, ACS	Exp. 48805 NTD. C/00						
(Claim Examiner)	Ext. 48895 MIP: C420						
	•						
Insure	ed Information						
Insured's Name: Falcana L. Gonzalez	Date of Death: 03/01/2015						
Policy #: 32806612	Date of Disability: N/A						
	Issue Date: 01/22/2014						
Cla	im Synopsis						
Note: A claim has been made during the contestable period. We conducted a routine investigation. A summary is presented below.							
Insured 's cause of death per the death certificate- Non-Traumatic Seizure Disorder							
Insured did not not disclose - answering no to pertinent questions on the application.							
· •,.							
,							
Decision							
Would you have issued the policy as applied for?	Yes No By: Robyn Wallner						
Summary of Decision:							
Due to admitted seizures by the applicant in Dr. Falcon's records in 3/11/2011, 6/11/2012, 6/26/2013, and in Connally Memorial Hospital records dated 10-30-2013, we would not have issued the policy.							
	•						
THE STATE OF THE S							

EXHIBIT___E